

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10773258</u> APPLICANT(S)	FILING DATE		
							CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		/				51				
2			/			52				
3			/			53				
4			/			54				
5			/			55				
6			/			56				
7			/			57				
8			/			58				
9			/			59				
10			/			60				
11			/			61				
12			/			62				
13			/			63				
14			/			64				
15			/			65				
16			/			66				
17			/			67				
18			/			68				
19			/			69				
20			/			70				
21			/			71				
22			/			72				
23			/			73				
24			/			74				
25			/			75				
26			/			76				
27		/	/			77				
28		/				78				
29			/			79				
30		/				80				
31			/			81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.		4				TOTAL IND.				
TOTAL DEP.		27				TOTAL DEP.				
TOTAL CLAIMS		31				TOTAL CLAIMS				